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14. ABSTRACT  The purpose of this study is to compare ear acupuncture plus standard therapy versus standard therapy alone (narcotic and non-narcotic analgesia) in reduction of intravenous (IV) and oral pain medication use, time to ambulation without assistance, time to discharge from Post-Anesthesia Care Unit (PACU) and Same-Day Surgery Unit (SDSU) and return to duty time following ambulatory arthroscopic knee surgery.  In summary, the intervention (BFA) did not show any significant improvement in pain scores, medication usage, time to discharge or quality of life scores when compared to standard of care.						
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# Ear Acupuncture for Post-operative Pain Associated With Ambulatory Arthroscopic Knee Surgery: A Randomized Controlled Trial

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## INTRODUCTION

- Post-op pain impacts recovery
- Auricular Acupuncture is a low risk option for acute pain control
- Battlefield acupuncture (BFA) is a specific auricular acupuncture technique
- BFA is easily learned by non-acupuncturists
- Does adding BFA to standard treatment improve post operative outcomes in patients undergoing knee arthroscopy?

## METHODS

- Single Blind randomized controlled trial
- Men and women >18yrs old undergoing unilateral knee arthroscopy without ligamentous repair
- Group 1: Standard Treatment
- Group 2: Standard Treatment + BFA (needles placed under anesthesia)
- Outcome measures: Post-op pain scores, inpatient/outpatient medication usage, time to ambulation without assistance, post anesthesia care unit (PACU) discharge time, Pain Impact Questionnaire (PIQ6) scores
- Statistical analysis: Independent t-test



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## RESULTS

Pain Scores	Standard	Standard +BFA	p-value
5min	1.87	2.18	0.78
30 min	1.80	1.88	0.92
24hrs	3.40	4.35	0.27
1 month	1.33	2.13	0.21
Fentanyl (µg)	10.00	6.25	0.64
Time to PACU			
Discharge (min)	58.80	72.71	0.08
Narcotic Doses	23.40	15.75	0.45
Non-narcotic Doses	10.47	12.13	0.82
Days to Ambulation without Assistance	13.80	14.53	0.40
Return to Work (days)			
	20.64	14.53	0.07

- N=32
- No demonstrated difference in pain scores, pain medication usage, time to ambulation without assistance or PACU discharge time
- PIQ6 scores will be calculated when all data is collected

## DISCUSSION

- Strengths: RCT, patient blind to treatment group, bandages covered all points in all patients, staff involved in pain scores and medication administration were blinded to treatment
- Weaknesses: Small sample size, no sham acupuncture performed, standard post-op pain medication orders frequently not followed, needles placed before onset of pain.
- Potential reasons for non-significance:
  1. Auricular Acupuncture not effective
  2. Adjunctive pain treatment not needed due to efficacy of standard pain meds